

<b>SUBJECT:</b>	Fermilab Corrective & Preventive Action Plan – Form 1	<b>NUMBER:</b>	<b>1004.1001 FORM 1</b>
<b>RESPONSIBILITY:</b>	Quality Assurance Manager	<b>REVISION:</b>	001
<b>APPROVED BY:</b>	Head, Office of Quality and Best Practices	<b>EFFECTIVE:</b>	<b>03/31/10</b>

### **CAP INITIATION – CORRECTIVE ACTION REQUEST**

**This section to be completed by the person requesting corrective / preventive action**

**Requestor Name:** John Martzel

**Organization:** OQBP

**Phone:** 5061

#### **Nonconformity/Opportunity To Be Addressed:**

The Integrated Quality Assurance Document (1001) section 5.2.2 states: "...Personnel are expected to make every attempt to do their work correctly the first time, in accordance with established procedures and work instructions." The following instances are examples where the assessment team observed procedures not being followed:

- Procedure 333902 requires a 2 person operation but it was observed being operated by a single person.
- Procedure 333951 requires cavity movement between buildings be done using a truck or van. Interviewees said that at times an open cart is used instead.
- Procedure TID-N-74 requires a 3 person operation but an interviewee stated that it is usually done by 2 persons.
- Procedure TID-N-76 step 31 states "Use the large Pasternak wrench to tighten the "N" connector to the appropriate torque." The assessment team noted that there is no longer a Pasternak wrench available in the area to complete this step.

**Unique Tracking Number: DS-YYYYMMDD-xx:** TD-20100623-01  
(DS=Div or Sec, YYYYMMDD-xx = Date Opened, x=1, 2, ...n)

**\* Other Tracking Number:** ESHTRK #81941  
(Ex: ESHTRAK #, DMR # etc)

**Responsible Person:** Jamie Blowers

**Organization:** TD

**Phone:** 2800

**Validation Required for Closure:** Requestor: X Responsible Person: X None:

**\*Comments:**

### **CAP DEVELOPMENT CAP Version (increment by 1 with each change) 001**

**This section to be completed by the Responsible Person**

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**Describe the Actual Nonconformity/Opportunity, and What Caused it (Root Cause):**

The issue here is the degree to which we allow ourselves to deviate from a defined procedure, and who has the authority to be able to do that. In all the examples listed above the way in which employees were doing the work was deemed acceptable at some level in the organization, but we did not follow up by making the corresponding changes to the documented procedures. This is a cultural issue that is to be expected as we continue to move in the direction of using an increasing number of documented procedures, especially in an environment where we must heavily rely upon the expertise and creativity of our workforce to accomplish the work. In essence we believe the root cause of this issue is lack of communication regarding our expectations.

**Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and**

**(where applicable) Lessons Learned:** Corrective actions: all the procedures listed above will be revised to match the actual work practices (since it was determined that the work practices are acceptable). Preventive actions: the T&I department is communicating with their supervisors and employees of the importance of working to documented procedures, and that if/when someone has an idea for an improvement they must go through line management to review and accept the change, and the document must be revised accordingly. The QMD Department Head will send a reminder e-mail to the supervisors reminding them of the importance of following the written procedures, and when employees have ideas for changes they must go through line management to review and accept the change, and the document must be revised accordingly. In addition, Process Engineering (the group within QMD responsible for managing the operating procedures for most of TD) will schedule time with area supervisors on a regular basis to ask about changes to operating procedures that should be incorporated into the official documents.

**Planned start date (YYYYMMDD):** 2010-07-01

**Key milestones and Dates:**

**Estimated date for completion (YYYYMMDD):** 2010-12-31

**Who will complete the work T&I:** Ruben Carcagno; **QMD:** Jamie Blowers  
x3915; x2800

**Phone:**

**Who will perform verification and/or validation** John Martzel

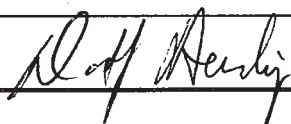
**Phone:** x5061

**\*Comments:**

**CAP APPROVAL,**

**This section to be completed and signed by person identified below**

**\*\* Approval Manager:**



**Date:**

2011-03-25

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(YYYYMMDD)
*Comments: _____

### CAP CLOSURE

**This section to be completed and signed by persons identified below**

**Description of actions taken to implement (if different than plan):**

**\*\*Implemented By:** Jan Blee **Date:** 09-Jun-2011  
(YYYYMMDD)

**\*\*^Verified By:** John Marty **Date:** 09-June-2011  
(YYYYMMDD)

\*Comments: \_\_\_\_\_

**\*\* Acceptance Requestor:** John Marty **Date:** 09-June-2011  
(YYYYMMDD)

\*Comments: \_\_\_\_\_

See Fermilab Corrective Action Plan Guide to Form 1 for a completed example